Attachment A General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

1. The State's definition of each work activity.

Work activities are defined in the State Plan.

2. A description of the transitional services provided to families no longer receiving assistance due to employment.

Transitional assistance provided to families no longer receiving assistance consists of: transitional child care, transitional medical assistance, and some employment support services.

3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

The penalties for reducing assistance for refusing to work are described in the State Plan.

- 4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:
 - i. Licensed/regulated in-home child care: 0
 - ii. Licensed/regulated family child care: 0
 - iii. Licensed/regulated group home child care: 0
 - iv. Licensed/regulated center-based child care: 0
- v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative: 0
- vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 0
- vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 0
- viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0
- ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0
- x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0

- <u>xi. Legally operated (i.e., no license category available in State or locality) center-based child care.</u> 0
- 5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.

 (Michigan has not adopted the Family Violence Option.
- 6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:
- <u>i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;</u>
- <u>ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance:</u>
- <u>iii.</u> Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about, referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work.

Non-recurrent short-term benefits are described in the State Plan as Emergency Relief and Employment Support Services under "Other Programs and Services". These payments are not limited to families receiving assistance. Michigan uses a common application process to determine eligibility for TANF, medical assistance, food stamps and child day care. While individuals may be found ineligible for TANF, they would receive information about and have eligibility determined for these other programs.

7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint. Michigan Department of Energy Labor and Economic Growth has the responsibility for addressing displacement complaints. Local Michigan Works Agencies develop and maintain procedures for resolving grievances. The Department of Labor and Economic Growth makes available to participants, sub-grantees, subcontractors, employees, onestop partners, service providers, providers of training services and other interested parties procedures for resolving grievances. Documentation signed by the recipient is maintained showing this information has been received. Grievance procedures are also posted in areas where administration and program services are provided. Michigan Works Agencies must monitor grievances received and the disposition and

maintain records for a period of three years. If a significant number or proportion of limited English-speaking individuals exist, then the grievance procedure must be provided in the appropriate languages. Either the TANF recipient or the displaced employee may appeal the decision of the Michigan Works Agency to the Michigan Department of Energy, Labor and Economic Growth, Office of Workforce Development. Grievances must be filed within one year of the alleged occurrence, a hearing must be conducted within 30 calendar days of filing and a decision rendered within 60 calendar days of the grievance being filed. An appeal must be filed within 10 calendar days from date of receipt of an adverse decision or the date a decision was due but not received.

- 8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).
- a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

Programs and activities are detailed in the State Plan under other programs.

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

Programs and activities are detailed in the State Plan.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 1,220

Attachment B Family Independence Program Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Family Independence Program

- 2. Description of the Major Program Benefits, Services, and Activities: See State Plan, Part I
- 3. Purpose(s) of Benefit or Service Program:

Purpose #1

- 4. Program Type. (Check one)
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

6. Total State Expenditures for the Program for the Fiscal

Year: \$136,621,119

- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$75,657,489
- 8. Total Number of Families Served under the Program with MOE Funds: 68,489

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See State Plan, Part I A

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B JET and JET plus Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

| Provide the following information for EACH PROGRAM (according to the |
|---|
| nature of the benefit or service provided) for which the State claims MOE |
| expenditures. Complete and submit this report in accordance with the |
| attached instructions. |

1. Name of Benefit or Service Program:

JET and JET plus, including employment support services

- 2. Description of the Major Program Benefits, Services, and Activities: See State Plan, Part B
- 3. Purpose(s) of Benefit or Service Program:

Purpose #2

- 4. Program Type. (Check one)
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$16,645,330
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$16,645,330
- 8. Total Number of Families Served under the Program with MOE Funds: 68,489

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See State Plan, Part I A

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B State Emergency Services Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

| Provide the following information for EACH PROGRAM (according to the |
|---|
| nature of the benefit or service provided) for which the State claims MOE |
| expenditures. Complete and submit this report in accordance with the |
| attached instructions. |

1. Name of Benefit or Service Program:

State Emergency Services

- 2. Description of the Major Program Benefits, Services, and Activities: See State Plan, Part II
- 3. Purpose(s) of Benefit or Service Program:

Purpose #1

- 4. Program Type. (Check one)
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$9,059,193
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$954,682
- 8. Total Number of Families Served under the Program with MOE Funds: 1,742

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See State Plan, Part II

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B Child Care Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

| Provide the following information for EACH PROGRAM (according to the |
|---|
| nature of the benefit or service provided) for which the State claims MOE |
| expenditures. Complete and submit this report in accordance with the |
| attached instructions. |

1. Name of Benefit or Service Program:

Child Care

- 2. Description of the Major Program Benefits, Services, and Activities: See State Plan, Part II
- 3. Purpose(s) of Benefit or Service Program:

Purpose #2

- 4. Program Type. (Check one)
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$40,302,630
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$17,008,576
- 8. Total Number of Families Served under the Program with MOE Funds: 33,307

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

See State Plan, Part II

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B Earned Income Tax Credit Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Earned Income Tax Credit

- 2. Description of the Major Program Benefits, Services, and Activities: a state tax credit equal to 20% of the filer's federal EITC. The MI EITC is refundable, with the refundable portion being the credit that is in excess of a filer's total state income tax liability. It is this refunded portion of the MI EITC that is claimable as TANF or MOE.
- 3. Purpose(s) of Benefit or Service Program: Purpose #1
- 4. Program Type. (Check one)
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

6. Total State Expenditures for the Program for the Fiscal

Year: \$259,356,797

7. Total State MOE Expenditures under the Program for the Fiscal

Year: \$203,666,766

8. Total Number of Families Served under the Program with MOE Funds: 380,617

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Taxpayers who are eligible for the Federal Earned Income Tax Credit

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 10 \$0

Attachment B Early Childhood Investment Programs Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Early Childhood Investment Programs

- 2. Description of the Major Program Benefits, Services, and Activities:
 Support the organizational structure of ECIC in order to become a national model for a public-private partnership in addressing early childhood issues. Support the development and implementation of a sustainable funding plan for the ECIC. Great Start Collaboration to develop and implement Great Start as a comprehensive early childhood system by funding Great Start Collaboratives (GSC) with the emphasis on serving minority and low-income children and families. This expenditure is also utilized to increase the number of GSCs statewide and to focus on innovative approaches aimed at Great Start components.
- 3. Purpose(s) of Benefit or Service Program:

Purpose #3

- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$6,648,586
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,384,219
- 8. Total Number of Families Served under the Program with MOE Funds: 825,695

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Total spending was discounted by state or local child poverty rates for 200% poverty

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

\$\frac{1}{4} \\$0\$

Attachment B Great Parents Great Start Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Great Parents Great Start

- 2. Description of the Major Program Benefits, Services, and Activities:
 The purpose of the Great Parents, Great Start Program is to improve school readiness and foster the maintenance of stable families by encouraging positive parenting skills.
- 3. Purpose(s) of Benefit or Service Program: Purposes #4
- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$6,120,185
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,486,273
- 8. Total Number of Families Served under the Program with MOE Funds: 4,863

This last figure represents (Check one):

- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- C Yes © No

Attachment B At-Risk – Section 31a Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

At-Risk - Section 31a

- 2. Description of the Major Program Benefits, Services, and Activities: Provides direct non-instructional services including, but not limited to, medical and counseling services for at-risk pupils, behavior management training, home/school liaison programs and teen parenting programs.
- 3. Purpose(s) of Benefit or Service Program: Purpose #3

4. Program Type. (Check one)

- TANEState
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal

Year: \$247,087,042

7. Total State MOE Expenditures under the Program for the Fiscal

Year: \$127,206,081

8. Total Number of Families Served under the Program with MOE Funds: 504,046

This last figure represents (Check one):

- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Students who are eligible for free or reduced lunch

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 4

Attachment B Great Start School Readiness Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Great Start School Readiness

- 2. Description of the Major Program Benefits, Services, and Activities:
 Comprehensive programs to improve the readiness of educationally disadvantaged 4 year old children who have multiple prescribed risk factors. Programs include age-appropriate educational curriculum, nutritional service, health screening, plans involve parents and refer families to community social services.
- 3. Purpose(s) of Benefit or Service Program:

Purpose #3

- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$90,640,600
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$64,345,000
- 8. Total Number of Families Served under the Program with MOE Funds: 14,785

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 10 \$0

Attachment B County of Wayne Youth Programs Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

County of Wayne Youth Programs

- 2. Description of the Major Program Benefits, Services, and Activities:
 Services include the following elements: one face-to-face contact per week, vocational and/or employment programming, counseling services, recreational and leisure events, mentoring, after-school support services, as well as services to keep families together. activities that include but are not limited to: early childhood intervention, school truancy reduction, mentoring, tutoring, sex education, and domestic violence education.
- 3. Purpose(s) of Benefit or Service Program: Purpose #3
- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$29,883,666
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$18,830,400
- 8. Total Number of Families Served under the Program with MOE Funds: 7,534

This last figure represents (Check one):

- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Eligibility for MOE funded services based on 200% of poverty or less.

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 4 \$0

Attachment B United Way Programs Grantee Information

State MICHIGAN Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

United Way Programs

- 2. Description of the Major Program Benefits, Services, and Activities:
 United Way programs include spending by several local United Way organizations, including United Ways of Southeastern Michigan, Greater Kalamazoo, Jackson County, Lenawee County and Saginaw County and the Michigan 2-1-1 program. This funds afterschool programs, youth leadership programs, literacy and early education programs, mentoring programs for at-risk youth, and 4-H programs, which fulfill TANF Goal 3. The United Way also funds includes parenting programs, motherhood and fatherhood programs, and afterschool programs for youth, which fulfill TANF Goal 4.
- 3. Purpose(s) of Benefit or Service Program:

Purpose #3 and #4

- 4. Program Type. (Check one)
- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$15,059,763
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$9,119,702
- 8. Total Number of Families Served under the Program with MOE Funds: 488,088

This last figure represents (Check one):

- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 10 \$0

Attachment B Private Foundation Programs Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Private Foundation Programs

- 2. Description of the Major Program Benefits, Services, and Activities:
 Private Foundations include Kellogg Foundation, Mott Foundation and
 Skillman Foundation This funds afterschool programs, youth leadership
 programs, literacy and early education programs, mentoring programs for
 at-risk youth, which fulfill TANF Goal 3. The foundations expenditures also
 include funds for parenting programs, motherhood and fatherhood
 programs, and afterschool programs for youth, which fulfill TANF Goal 4.
- 3. Purpose(s) of Benefit or Service Program:

Purpose #1, #2, #3 and #4

- 4. Program Type. (Check one)
- TANF State
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$9,182,442
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$3,848,962
- 8. Total Number of Families Served under the Program with MOE Funds: 46,042

This last figure represents (Check one):

- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 4 \$0

Attachment B Transitional Medical Assistance Plus Grantee Information

State MICHIGAN Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Transitional Medical Assistance Plus

- 2. Description of the Major Program Benefits, Services, and Activities:

 A premium based, state subsidized program for families who are former recipients of low income family medicaid and no longer Medicaid eligible or eligible for Michigan TMA and are not eligible for employer provided health insurance. Eligibility is not tied to cash assistance eligibility.
- 3. Purpose(s) of Benefit or Service Program: Purposes #1 and #2
- 4. Program Type. (Check one)
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$4,221,166
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$4,221,166
- 8. Total Number of Families Served under the Program with MOE Funds: 668

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 4 \$0

Attachment B Administration (including systems) Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program: Administration (including systems)

2. Description of the Major Program Benefits, Services, and Activities:

Overall administration of TANF Program not attributed to specific programs

3. Purpose(s) of Benefit or Service Program:

4. Program Type. (Check one)

TANF State

<u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$13,230,179

7. Total State MOE Expenditures under the Program for the Fiscal Year: \$13,230,179

8. Total Number of Families Served under the Program with MOE Funds: 1

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Not applicable

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

Yes No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Attachment B Low-Income and Energy Efficiency Fund Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Low-Income and Energy Efficiency Fund

- 2. Description of the Major Program Benefits, Services, and Activities: Provides shut-off and other protection for low-income customers and to promote energy efficiency.
- 3. Purpose(s) of Benefit or Service Program:

Purpose #1

- 4. Program Type. (Check one)
- TANF State
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$64,649,290
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$35,983,083
- 8. Total Number of Families Served under the Program with MOE Funds: 60,928

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Eligibility limited to households with income less than 150% of poverty level

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes ⊙ No

Attachment B Case Management Grantee Information

State MICHIGAN

Fiscal Year 2010

Program Information

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Case Management

- 2. Description of the Major Program Benefits, Services, and Activities: Case management services provided to clients already determined to be eligible for services.
- 3. Purpose(s) of Benefit or Service Program:

All Purposes

- 4. Program Type. (Check one)
- TANF State
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$19,114,483
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$19,114,483
- 8. Total Number of Families Served under the Program with MOE Funds: 68,489

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Services received by those receiving other TANF funded services.

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- Yes No
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

Certification Certify:

This certifies that all families for which the State claims MOE expenditures for the fiscal year meet the State's criteria for "eligible families."



Name Susan M. Kangas

Title Chief Financial Officer

Date Submitted

08/03/2011

Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.

Attachments

Attachment B Earned Income Tax Credit – 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.

Attachment B. Low-income and Energy Efficiency Fund 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.

Attachment B Transitional Medical Assistance Plus 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.

Attachment B – United Way Programs 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

Programs operated by non-governmental organizations not subject to 1995 spending test.

Attachment B – Private Foundation Programs 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

Programs operated by non-governmental organizations not subject to 1995 spending test.

Attachments - Continued

Attachment B – County of Wayne Youth Programs 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.

Attachment B – Great Start School Readiness 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.

Attachment B – At-Risk Section 31a 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.

Attachment B – Great Parents Great Start 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.

Attachment B – Early Childhood Investment Programs 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

New program since 1995.